

DEPARTMENT OF INSURANCE
COMMONWEALTH OF KENTUCKY
P.O. Box 517
Frankfort, Kentucky 40602-0517

APPLICATION FOR LICENSE AS AN ADVISORY ORGANIZATION,
FORM PROVIDER, OR STATISTICAL AGENT
(KRS 304.13-091)

Name of Organization _____

Address _____

Federal I.D. No. _____

Contact Person _____ Title _____

Telephone No. _____ E-Mail address _____

Type of License Requested: _____ Advisory Organization _____ Form Provider _____ Statistical Agent
(Advisory organizations wishing to operate as statistical agents or form providers may be so authorized under their license as an advisory organization if requested. A separate license is not required. KRS 304.13-091(9) effective 7-14-2000)

In submitting your application for a license, the following, with supporting documents, must be provided:

1. Check for \$500.00 payable to the Kentucky State Treasurer. (KRS 304.010, 806 KAR 4:010)
2. Copy of constitution, articles of agreement or association, or certification of incorporation, including by-laws, rules and regulations.
3. Specify the authorized activity for which the license is requested.
4. Statement of technical qualification for authorized activity including a narrative plan of proposed operations in the Commonwealth of Kentucky.
5. Date of last examination report. Certified copy to be furnished if not previously submitted.
6. Line(s) of business under which member insurers report premium and loss statistics.
7. Classification of membership (i.e. member, subscriber, manual purchaser).
8. List of current members, subscribers, customers, etc.
9. Biography of ownership, directors or trustees, and management. List of current Directors (Trustees) and officers.
10. Name and address of designated Kentucky resident upon whom notices, process affecting it, or orders of the commissioner may be served.
11. Copy of last annual report (including financial statements).